						FAA Form 5100-126
	FINΔN	CIAL GOVERNI	MENTAL P	AVMENT	REPORT	
Diagram and the ship forms well as a second				A I IVILIA I	KEI OKI	
Please complete this form using a sar	serif (Helvetica, Arial, etc.), 7-p	ooint font.				
Airport Name			Location ID		Fiscal Year End	
	Payments to other government	nent units Please complete a s	separate form for ea	ch unit of governme	nt (City, County, State, Federal).	
Name of government entity:		1				
Type of Payment	Amount	Type of Paymo	ent	Amount	Type of Payment	Amount
Law enforcement	\$ -	Impact fees	\$	-	Community services	\$ -
Firefighting	\$ -	Utilities	\$	-	Grandfathered payments	\$ -
Legal services	\$ -	Fleet services	\$	-	Land and facility rental	\$ -
Engineering	\$ -	Promotion and marketing	\$	-	Parking and sales tax	\$ -
Mayor and City Council	\$ -	Repayment of contributions		-	Aviation fuel tax	\$ -
General cost of government	\$ -	Repayment of loans	\$	-	Other - Please attach a schedule.	\$ -
Central services	\$ -	Lobbying fees	\$	-		
Payments in lieu of tax	\$ -	Ground access projects	\$	-	Total	\$ -
Do not include	payments of less than \$1,000 o	r payments for payroll tax, worker	rs compensation, em	ployee benefits, FIC	A, or contributions to employee retirement a	ccounts.
Property and (o	r) services provided to other u	nits of governments Please co	omplete a separate fe	orm for each unit of	government. Do not list FAA navigational	facilities.
Name of government entity:						
_		d (or) Service Provided				
Department	(Including services	provided by AP employees)	Use* Type**	Fair Market	Value Value of In-Kind Services***	Cash Compensation
Use* - Please enter "A" for aeronautic Type** - Please enter "FMV" for fair m Value of In-Kind Services*** - When the	arket value, "L" for less than fai			the value of the serv	ices provided and attach a note describing t	the service.
In compliance with 47107(a) of Title 49 United States	s Code and section 111(b)		I certify that the inform	nation on this form is true and	d accurate to the best of my knowledge and belief.	
of the Federal Aviation Administration Authorization	Act of 1994, please complete					
this form to help the public understand airport finance	es and the					
use of airport-generated revenue.			Signature			
				•		
			Printed Name			Date
					Telephone No.	
Paperwork Reduction Act Statement	The information collected on the	nis form facilitates the submission	of financial payment	data. Financial Gov	ernmental Payment Form, section 471207(a	a)(19), requires
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airport owners and operators to submit to the Secretary of Transportation and make available to the public an annual report listing all amounts paid by the airport to other units of government and the purpose of payment Owners or operators must also make available a listing of all services and property provided to other units of government and the amount of compensation received for provision of each such service and property. The burden for each response is estimated to be 3 hours. Responses are required to obtain a benefit. No assurance of confidentiality is given. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0569.